

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement of \$76.71 for date of service 11/19/01?
 - b. The request was received on 02/01/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Request for Dispute Resolution in the Table of Disputed Services
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. According to the Commission's TWCC MDRIS System entry dated 05/06/02, "sent 14 day letter to requestor on 03/29/02 requesting additional information. As of 05/06/02 the requested additional information has no[sic] been received by requestor." Based on 133.307 (i) the insurance carrier's response is timely. The Commission case file contains no notice of Medical Dispute.

III. PARTIES' POSITIONS

1. Requestor:
 - a. "We feel that we are due further reimbursement for the unit we provided this patient with. This claim was billed at a fair and reasonable rate and we should have received payment in Full for this item. We are requesting additional payment in full on the remaining balance." The provider is seeking additional reimbursement in the amount of \$76.71 for the date of service 11/19/01.

2. Respondent:

- a. Respondent did not submit a letter to Respond to Dispute Resolution.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/19/01.
2. The denial codes on the submitted EOB are “M-REDUCED TO FAIR AND REASONABLE. F-Z560- THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY VALUES AS ESTABLISHED BY INGENIX.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
11/19/01	E0236 NU D0367	\$494.00	\$417.29	M,F	DOP \$490.20	MFG GI (VI) TWCC Rule 133.307(g)(3)(D) MFG DME; (IX)(C)	The provider did not submit any reimbursement data or a methodology to indicate fair and reasonable. There is not enough evidence submitted to determine a fair and reasonable rate. According to the MFG DME, “The provider shall use the HCFA-1500 Form for billing. Invoices should be billed at the provider’s usual and customary rate. Reimbursement shall be an amount pre-negotiated between the provider and carrier or if there is no pre-negotiated amount, the fair and reasonable rate. A fair and reasonable reimbursement shall be the same as the fees set for the ‘D’ codes in the 1991 Medical Fee Guideline.” Therefore, according to the ‘D’ code in the General Medical/Surgical Supplies D0637 Pump for Water Circulating Unit is to be reimbursed in the amount of \$490.20. \$490.20 - \$417.29 already paid = \$72.91 in additional reimbursement.
Totals		\$494.00	\$417.29				The Requestor is entitled to reimbursement in the amount of \$72.91 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$72.91 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 13th day of June 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.